

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Attorney Docket No.
8734.217.00 US

In re Application of Young-Sang Byun et al.

Application Number
10/607,007

Filed
June 27, 2003

For: FABRICATION SYSTEM FOR LIQUID CRYSTAL DISPLAY
DEVICE AND METHOD OF FABRICATING LIQUID CRYSTAL
DISPLAY DEVICE USING THE SAME

Art Unit 2871

Examiner Dung T. Nguyen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | | |
|-------------------------------------|----------------------------------|------------------|
| <input checked="" type="checkbox"/> | One month (37 CFR 1.17(a)(1)) | \$ <u>120.00</u> |
| <input type="checkbox"/> | Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> | Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> | Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> | Five months (37 CFR 1.17(a)(5)) | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____.

☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any additional fees, or credit any overpayments, to Deposit Account No. 50-0911. *A duplicate copy of this sheet is enclosed.*

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☒ attorney or agent of record. Registration Number 53,005
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a) _____

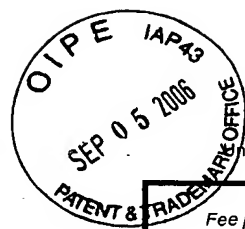
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

Total of _____ **forms are submitted.**

09/06/2006 SDENBOB1 00000043 10607007

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120.00 OP



PTO/SB/17 (12-04)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE TRANSMITTAL FOR FY 2005		Complete if Known	
		Application Number	10/607,007
		Filing Date	June 27, 2003
		First Named Inventor	Young-Sang Byun et al.
		Examiner Name	Dung T. Nguyen
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2871
TOTAL AMOUNT OF PAYMENT	\$120.00	Attorney Docket No.	8734.217.00 US

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account ☒ Deposit Account Number **50-0911** ☒ Deposit Account Name: **McKenna Long & Aldridge LLP**

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s)☒ Credit any overpayments

under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
_____ - 20 or HP = _____	x _____	= _____		_____	_____	_____
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
_____ - 3 or HP = _____	x _____	= _____				
HP = highest number of independent claims paid for, if greater than 3						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	(round up to a whole number) x _____	= _____	

4. OTHER FEE(S)

Other: _____

One Month Extension of Time Filing Fee\$120.00**SUBMITTED BY**

Signature	<i>Valerie P. Hayes</i>	Registration No. (Attorney/Agent)	Telephone (202) 496-7500
Name (Print/Type)	Valerie P. Hayes	53,005	Date September 5, 2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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